California Department of Mental Health (DMH)
FREQUENTLY ASKED QUESTIONS
General Information About the Mental Health Services Act
February 1, 2005

What is the difference between Proposition 63 passed by the public in November 2004 and the Mental Health Services Act (MHSA)?

Once Proposition 63 was passed by voters, it became part of state law on January 1, 2005 and is now called the Mental Health Services Act (MHSA).

What does the MHSA do?

The MHSA imposes an additional 1% tax on that portion of a taxpayer's taxable income in excess of one million dollars. These funds are deposited in the State Treasury in the Mental Health Services Fund. It is estimated the new tax will raise in excess of $600 million dollars per year. Funding will be made annually from this Fund to counties to accomplish the following (Welfare and Institutions Code (WIC)) "Section 3. Purpose and Intent:"

- Define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care.

- To reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.

- To expand the kinds of successful, innovative service programs for children, adults and seniors begun in California, including culturally and linguistically competent approaches for underserved population.

- To provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure.

- To ensure that all funds are expended in the most cost-effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public.

When will funds from the MHSA be available?

DMH anticipates that funds from the new tax will be deposited into the Mental Health Services Fund and available by March or April 2005. Funding in amounts necessary to significantly enhance service delivery beyond current levels will probably be available in September or October 2005. These are best estimates. As additional information becomes available, DMH will share it with stakeholders.

Who will implement the MHSA?

Getting the MHSA started and working properly will require teamwork between the California Department of Mental Health (DMH), local county mental health departments, the MHSA Oversight and Accountability Commission, the Mental Health Planning Council and all stakeholders in the California mental health community. Each of these parties has key responsibilities and all must work together to be successful.

What is a "stakeholder"?

The term "stakeholder" is frequently used by DMH to refer to a person or an organization that feels they have an active interest in the outcome of an issue or topic. DMH uses the term quite broadly to include but not be limited to: clients, family members, county mental health departments, mental health providers, schools, social services, law enforcement and others. The variety of stakeholders will vary from one community to the next. In general, DMH feels that the larger the number and variety of stakeholders interested and participating in MHSA activities, the better outcomes will be.

What are the various activities the MHSA allows?

DMH has identified six MHSA components that need to be woven into an Integrated Plan at the local level and a comprehensive strategy at the state level. The components are:

1. Community Program Planning (Local Planning, WIC §§ 5847, 5848, 5892)
2. Community Services and Supports (System of Care Services, WIC §§ 5847, 5878.1-5878.3, 18257 and 5813.5)
3. Capital Facilities and Information Technology (WIC § 5847)
4. Education and Training Programs (WIC §§ 5820-5822, 5847)
5. Prevention and Early Intervention Programs (WIC §§ 5840, 5847)
6. Innovative Programs (WIC §§ 5830, 5847)

The first two components, Community Program Planning and Community Services and Supports, are the first to be implemented.

What process will DMH use to implement each of these components?

DMH envisions that short-term goals and long-term strategies will be developed for each component over the course of the next 12 - 15 months. For each of the components, DMH will follow the following process:

A. Develop draft work products to facilitate stakeholder discussion
B. Provide an inclusive stakeholder process to obtain input on these documents
C. Finalize and issue policies and requirements
D. Require local plan development that incorporates policies and requirements
E. Review and approve the local plan

For example, in December 2004, DMH held a large stakeholder meeting to discuss draft requirements for counties to obtain funding for Community Program Planning. A final document was issued in mid-January. The county funding requests are due to DMH by March 15, 2005.

How can I be involved in the MHSA planning?

There are two ways to be involved in planning and DMH invites stakeholders to participate in both:

State Level Activities - Stakeholders can help develop the statewide MHSA policy outlines that county mental health departments and their communities must put into action. Stakeholders can attend statewide meetings and workgroups, monitor the development of draft documents as they are developed and posted on the DMH website(*www.dmh.ca.gov*), or email questions to *MHSA@dmh.ca.gov*. DMH also accepts input via fax, (916) 653-9194, regular mail, (DMH - MHSA 1600 9th Street, Room 130, Sacramento, CA 95814), and a toll-free number, 800-972-MHSA (6472).

Local Level Activities – Though developing state guidelines is important, how those guidelines become reality in each community and county will have the greatest impact on most stakeholders. Each county will develop its own Community Program Planning process that must provide for extensive and inclusive stakeholder input from the community.